



Agency _____

STATE OF DELAWARE

CONSENT TO RELEASE CHILD PROTECTION REGISTRY INFORMATION

- Type or print clearly in ink.

- Mail or fax request to: DSCYF, Criminal History Unit, 1825 Faulkland Road, Wilmington, DE 19805
Fax Number: 302-633-5191

- Applications that are incomplete, illegible will be returned unprocessed.

- If you have questions call 302-892-5800.

DSCYF USE ONLY
Date Received _____

SECTION I APPLICANT INFORMATION

Name: _____
Last First Middle

Maiden, Previous Married Name(s), Alias: _____

Social Security # _____ Date of Birth: ____ / ____ / ____ Sex: _____ Race: _____

DE Driver's License # _____ Daytime Phone # (____) _____

Address: _____
Street City State Zip

Have you ever been involved in a substantiated case of child abuse or neglect? [] Yes [] No

If Yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the Requesting Agency with any substantiated case(s) of child abuse or neglect concerning me contained in the Child Protection Registry.

Signature: _____ Date: _____

SECTION II REQUESTING AGENCY INFORMATION (Requesting Agency Must Complete This Section).

Requesting Agency Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: () _____ Fax #: () _____ Contact Person: _____

Applicant is **NOT** listed on the Child Protection Registry for a substantiated case of abuse or neglect.

DSCYF USE ONLY

Please fax or mail request to:

DSCYF, OCCL
Criminal History Unit
1825 Faulkland Road
Wilmington, DE 19805
Phone: 302-892-5800
Fax: 302-633-5191

**PLEASE ALLOW
60 WORKING DAYS
FOR RESULTS TO
TO BE PROCESSED.**

Applicant **IS** listed on the Child Protection Registry for a substantiated case of abuse or neglect.

Case Number(s) _____
